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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/016,869
	Filing Date	January 30, 1998
	First Named Inventor	David BEACH
	Art Unit	1644
	Examiner Name	I. I. Ouspenski
	Attorney Docket Number	0287000.00166US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 84834☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number: 84834

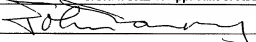
OR

☐ Firm or
Individual Name

Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name			
Date	9/16/09	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.